Bethany Benefit Service

Providing church-worker benefit billing for the churches and institutions of the Evangelical Covenant Church.

Dependent Addition

This letter is to request the addition of my dependent(s) to my current coverage with Bethany Benefit Service. I and my employer agree to the change in premium rate if I do not already have family health insurance coverage.

Name _____ **Social Security Number** _____

Effective date of change _____

Dependent Information

Please note: children between age 19 and 25 are only eligible for benefits if they are not offered health insurance by their employer.

Spouse name _____ Date of birth _____

Social Security Number _____ ◯ Male ◯ Female

Child name _____ Date of birth _____

Social Security Number _____ ◯ Male ◯ Female

Child name _____ Date of birth _____

Social Security Number _____ ◯ Male ◯ Female

Child name _____ Date of birth _____

Social Security Number _____ ◯ Male ◯ Female

Child name _____ Date of birth _____

Social Security Number _____ ◯ Male ◯ Female

Signature _____

Treasurer Signature (not required if already enrolled in family coverage) _____

Return completed form to Bethany Benefit Service

Mail: P.O. Box 316560; Chicago, IL 60631-6560
Fax: (773) 784-2249
Email: bethany@covchurch.org